

215037430
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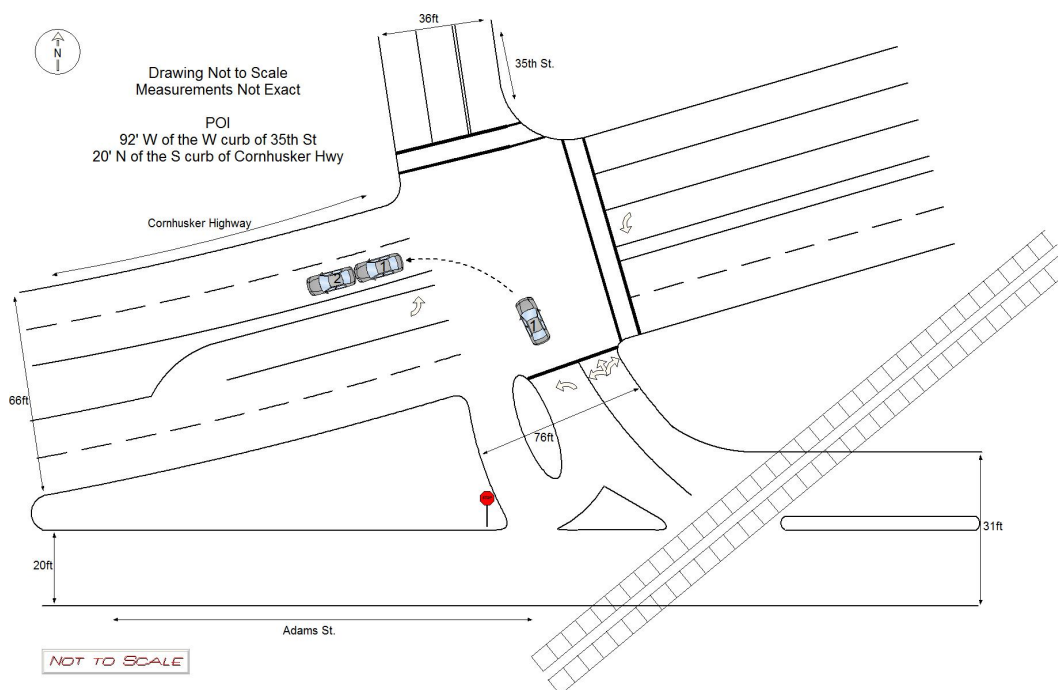
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 113	Agency Case No. B5-085327	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		TIME OF ACCIDENT 1650	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1651	09/15/2015	
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 35th & Cornhusker Hwy		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	4	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 35th & Cornhusker Hwy		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M	08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	H12776953	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	2	DRIVER	TROY L CLARK	PHONE	402-890-4482	LOCAL NO.
V2/N	1	DRIVER ADDRESS	5420 HEUMANN DR, LINCOLN, NE 68504	DATE OF BIRTH (MM / DD / YYYY)	01/01/1957	V1/1 18
G	6	OWNER	UTILITY PARTS SERVICES LLC	PHONE	402-466-8515	V1/2 18
H	2	OWNER ADDRESS	2137 Cornhusker Hwy, Lincoln, NE 68521	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	V1/3 35
V1/O	2	LICENSE PLATE PA NO.	TSV058	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	2	VEHICLE	2007 Ford X4S	BODY STYLE	4 door Sedan	COLOR white
I	1	VEHICLE ID NO. (VIN)	1FAFP34N87W270555	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 300	
J	01	TOWED TO		TOWED BY		INSURANCE COMPANY Lemars Insurance Company
K	02	POLICY NO.	CLR0862633			
VEHICLE NO. 2						
F	1	DRIVER LICENSE NO.	H12683331	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	1	DRIVER	FREEMAN S SANDQUIST	PHONE	402-217-1550	LOCAL NO.
V2/P	1	DRIVER ADDRESS	2130 N 61ST ST, LINCOLN, NE 68505	DATE OF BIRTH (MM / DD / YYYY)	02/29/1984	V2/1 18
J	01	OWNER	FREEMAN SANDQUIST	PHONE	402-217-1550	V2/2 18
K	02	OWNER ADDRESS	2130 N 60TH ST, LINCOLN, NE 68505	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/3 35
V1/Q	4	LICENSE PLATE PA NO.	SYF111	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	4	VEHICLE	1994 Honda UCL	BODY STYLE	4 door Sedan	COLOR blue
K	02	VEHICLE ID NO. (VIN)	1HGEG8650RL021995	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000	
L	02	TOWED TO		TOWED BY		INSURANCE COMPANY Travelers
M	02	POLICY NO.	9932622002031			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	6 Injury Sev.	7 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	8 Injury Sev.	9 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	10 Injury Sev.	11 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	12 Injury Sev.	13 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	14 Injury Sev.	15 Trans.	SEX M F
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VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	18 Injury Sev.	19 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	20 Injury Sev.	21 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	22 Injury Sev.	23 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	24 Injury Sev.	25 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	26 Injury Sev.	27 Trans.	SEX M F
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VEH. #	NAME	ADDRESS	DATE			

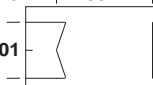
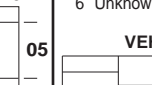
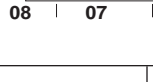

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 stated he was turning WB onto Cornhusker Hwy from Adams in the IL. D1 stated he was watching the OL turning traffic and collided with the rear of V2. D1 stated he did not see that traffic was stopped.
D2 stated he was stopped in traffic in the WB 3400 blk of Cornhusker Hwy in the IL. D2 stated V1 collided with the rear of his vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME			ADDRESS		PHONE
	NAME			ADDRESS		PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	1																									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																										
1				X	3400 blk of Cor																																										
2				X	3400 Blk of Co																																										
1	06				06 Turning left 07 Making U-turn				POINT OF IMPACT 08		VEHICLE 1		POINT OF IMPACT 04		VEHICLE 2		ALCOHOL LEVEL TESTED		Driver No. 1	Driver No. 2		Pedestrian																									
2	11				08 Entering traffic lane				MOST DAMAGED AREA 08				MOST DAMAGED AREA 04				N		X	N	X	N																									
01 Essentially straight ahead					09 Leaving traffic lane					<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 02 03 04  </div> <div style="text-align: center;"> 05  </div> </div>					02 Backing					10 Undercarriage					<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> 08 07 06  </div> <div style="text-align: center;"> 09 10 11  </div> </div>					03 Changing lanes					11 Total (all areas)					ALCOHOL/ DRUGS SUSPECTED					Driver No. 1	Driver No. 2	
04 Overtaking/ Passing					12 Other																									1					1												
05 Turning right					13 Unknown																									1					1												

OFFICER NO. 1745	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Kathryn Meade		INVESTIGATOR SIGNATURE Approved by Officer Kathryn Meade	DATE OF REPORT 09/15/2015